

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for dates of service 05/31/01 through 03/02/02.
- b. The request was received on 05/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. TWCC 66c forms
 - c. TWCC 62 forms
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response Submitted
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 07/19/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/09/02
"...This dispute has been filed as these charges for pharmaceuticals have been denied with the explanation UNRX- This prescription was not authorized. Per TWCC Pharmaceutical a fee guideline, pre-authorization is not required for pharmaceuticals."
2. Respondent: No Response Submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 05/31/01 through 03/02/02.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer. Per the provider's TWCC-60, the amount billed is \$876.90; the amount paid is \$0.00; the amount in dispute is \$876.90.
3. The carrier denied the billed services by code, "UNRX – THIS PRESCRIPTION WAS NOT AUTHORIZED."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/31/01	Clonazepam 2mg x 60	\$105.54	\$0.00	UNRX all DOS	AWP/unit x number units x \$1.09 (Brand) or \$1.38 (Generic) + \$4.00 (Brand) or \$7.50 (Generic) all DOS	TWCC Rule 133.304 (c); Rule 134.600 (h); Rule 133.307 (j) (2) (k); MFG PGR (I) (A) (2), (II) (A); PriceAlert	<p>TWCC Rule 13.304 (c) states, "The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's actions(s). A generic statement that simply states a conclusion such as "not sufficiently documented" or other similar phrases with no further description for the reason for the reduction or denial of payment does not satisfy the requirements of this section."</p> <p>The carrier's denial code is not a TWCC approved exception code. The carrier EOB does not address or support their denial for the billed medications. The denial code stated, "...THIS PRESCRIPTION WAS NOT AUTHORIZED."</p> <p>According to Rule 133.600 (h), medications do not require preauthorization.</p> <p>Per Rule 133.307 (j) (2) (k), the carrier shall file a response with the division within 14 days of receipt of the provider's additional information. The carrier failed to submit any response to the provider's additional information.</p> <p>For fee computation, the formula as required by MFG PGR (II) (A) was utilized. (See MAR column)</p> <p>Reimbursement in the amount of \$856.24 is recommended. (\$103.96 + \$89.24 + \$89.24 + \$80.94 + \$44.76 + \$30.07 + \$95.46 + \$95.46 + \$156.51 + \$70.60 = \$856.24)</p>
06/12/01	Paxil 30mg x 30	\$95.46	all DOS				
12/10/01	Paxil 30mg x 30	\$95.46					
12/26/01	Ambien 10mg x 30	\$80.94					
12/26/01	Etodolac 400mg x 60	\$44.76					
01/10/02	Clonazepam 2mg x 14	\$30.37					
01/10/02	Paxil 30mg x 30	\$95.46					
02/11/02	Paxil 30mg x 30	\$95.46					
02/11/02	Doxepin 75mg X 120	\$159.19					
03/02/02	Clonazepam 2mg x 45	\$70.60					
Totals		\$876.90	\$0.00				The Requestor is entitled to reimbursement in the amount of \$856.24 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$856.24 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 3rd day of March, 2003.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm